

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/								
2		9							
3		/							
4		/							
5		/							
6		/							
7		/							
8		/							
9		/							
10		/							
11		/							
12		/							
13		/							
14		/							
15		/							
16		/							
17		/							
18		/							
19		/							
20		/							
21		/							
22		/							
23		/							
24		/							
25		/							
26		/							
27		/							
28		/							
29									
30		/							
31		/							
32		/							
33									
34		/							
35		/							
36		/							
37		/							
38									
39									
40		/							
41									
42									
43		/							
44									
45									
46									
47									
48									
49									
50									
51									
52		/							
53		/							
54		/							
55		/							
56		/							
57		/							
58		/							
59		/							
60		/							
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS					